		Effect	ive Octol		.0	968 1	الم. 	9					
		CLAIMS AS	(Column 1)		(Column 2)		SMALL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS							RATI		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	ĒĒ	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6		X\$ 9	_	_	OR	X\$18=	108.00	
INDEPENDENT CLAIMS			5 minus 3 =		٠ ع		X40	X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				4135	+135=			+270=	160.00	
• If	the difference	in column 1 is	less than zero, enter "0" in o			olumn 2	<u> </u>	TOTAL		OR	TOTAL	936.1	
CLAIMS AS AMENDED - PART II							1012	. L		OH		97800	
પ	17/03	(Column 1)	(Column 2)			(Column 3)	SMALL ENTITY		NTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	:	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ØN.	Total	. 26	Minus	-2	ب	- /	X\$ 9	=		OR	X\$18=	1	
ME	Independent	• 5	Minus	••• (<u> </u>	- /	X40	- 1		OR	X80≈		
	rinsi Prese	NTATION OF M	ULTIPLE UE	PENUEN	CLAIM		+135	<u>-</u>	·	OR	+270=		
							ADDIT, F	AL.		OR	TOTAL ADDIT, FEE	(P)	
7//9/04 (Column 1) (Column 2) (Column 3)											AUGH. PEE	,	
AMENOMENT B	:	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 26	Minus	·-3	φ	= .	X\$ 9	-		OR	X\$18=	4	
AME	Independent	• 5 NTATION OF MI	Minus	••• (5	= /	X40-	.		OR	X80=		
L	THE THESE		UCTIPLE DE	PENUEN	CLAIM		+135	_L		OR	+270=		
۸[.		•					ADDIT, F			OR	TOTAL ADDIT, FEE	Ø	
Ш	28/05	(Column 1)			mn 2)	(Column 3)							
AMENDMENT C	_	REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL , FEE	
NON	Total	·2	Minus		26	= /	X\$ 9:	.		OR	X\$18=	1	
AME	Independent	٠ ج	Minus	••• 3	5	= /	X40=	1		OR	X80=	/	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1			300	 	
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-87 (Rex. 8/00)

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